

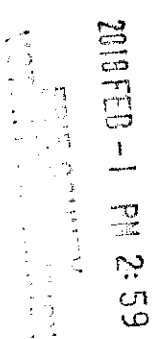
Annual Report
+
Termination Report

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/> Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committee to Re-Elect Brenda Williams Nichols			
Street Address	228 W Congress Street			
City	Corry	State	PA	Zip Code 16407

Type of Report (Place x under report type)									
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		11-7-2017		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11-28-2017	12-31-2017	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule II)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-895.37	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

30th day of Jan 2018
 Angela Burlaw
 Signature

My Commission expires 09/09/18
 MO. DAY City of Corry, Erie County
 My Commission Expires Sept. 9, 2018
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Angela M. Burlaw, Notary Public

Lynda Williams
 Signature of Person Submitting report
 Lynda Williams
 Printed Name

814 Area Code
 663-7334 Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

30th day of Jan 2018
 Angela Burlaw
 Signature

My Commission expires 09/09/18
 MO. DAY City of Corry, Erie County
 My Commission Expires Sept. 9, 2018
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Angela M. Burlaw, Notary Public
 City of Corry, Erie County
 My Commission Expires Sept. 9, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Brenda Williams Nichols
 Signature of Candidate
 Brenda Williams Nichols
 Printed Name

814 Area Code
 663-8747 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	0

2017
Total \$1,964.29 was the
amount given to candidate
or paid for ad once

PART A
Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number																																			
															Amount																				
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$													
House #										Street Address										Date [MM/DD/YYYY]		\$													
City										State										Zip Code										Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$													
House #										Street Address										Date [MM/DD/YYYY]		\$													
City										State										Zip Code										Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$													
House #										Street Address										Date [MM/DD/YYYY]		\$													
City										State										Zip Code										Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$													
House #										Street Address										Date [MM/DD/YYYY]		\$													
City										State										Zip Code										Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$													
House #										Street Address										Date [MM/DD/YYYY]		\$													
City										State										Zip Code										Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$													
House #										Street Address										Date [MM/DD/YYYY]		\$													
City										State										Zip Code										Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee																				Date [MM/DD/YYYY]		\$													
House #										Street Address										Date [MM/DD/YYYY]		\$													
City										State										Zip Code										Date [MM/DD/YYYY]		\$			

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
------------------------------	--

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #		Street Address			Date (MM/DD/YYYY)	\$	
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	\$	0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	0
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2017
Total \$350.00 was the
amount for
whole campaign
in in-kind
donations

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Pillar Identification Numbers	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

2017
Total
Expenditures → 2,842.72 was amount
paid for expenses.

2842.72
- 1947.35

895.37 candidate is
in debt

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$			
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$			
City	State	Zip Code				
Description of Debt						

-895.37 candidate is in debt
 17 = committee has no balance